






## Nursing, Midwifery and AHP SLT Meeting

<b>Agenda item:</b>  <b>Presented by:</b>  <b>Prepared by:</b>  <b>Date prepared:</b>  <b>Subject / title:</b>	Giuseppe Labriola – Deputy Chief Nurse  David Dellow – Safe Staffing Lead and Giuseppe Labriola – Deputy Chief Nurse  19.3.2024  Report on Nursing and Care Staff Levels for February 2024.					
<b>Purpose:</b>	<b>Approval</b>		<b>Decision</b>		<b>Information</b> x	<b>Assurance</b> x
<b>Key issues:</b>	The Registered and overall fill rate for February 2024 increased with Healthcare support workers decreasing.  No ward reported average fill rates below 75% for RN against the standard planned template during February 2024					
<b>Recommendation:</b>	The committee are asked to note the information within this report.					
<b>Trust strategic objectives:</b> please indicate which of the five Ps is relevant to the subject of the report						
	<b>Patients</b>	<b>People</b>	<b>Performance</b>	<b>Places</b>	<b>Pounds</b>	
	x	x	x			x
<b>Previously considered by:</b>	NA					
<b>Risk / links with the BAF:</b>	BAF: 2.1 Workforce capacity All Divisions have both recruitment and retention on their risk registers					
<b>Legislation, regulatory, equality, diversity and dignity implications:</b>	NHS England and CQC letter to NHSFT CEOs (31.3.14): Hard Truths Commitment regarding publishing of staffing data. NHS Improvement letter: 22.4.16 NHS Improvement letter re CHPPD: 29/6/18					
<b>Appendices:</b>	<b>Appendix 1:</b> Registered fill rates by month against adjusted standard planned template. RAG rated. <b>Appendix 2:</b> ITU / HDU compliance with Guidelines for the provision of Intensive Care Services					

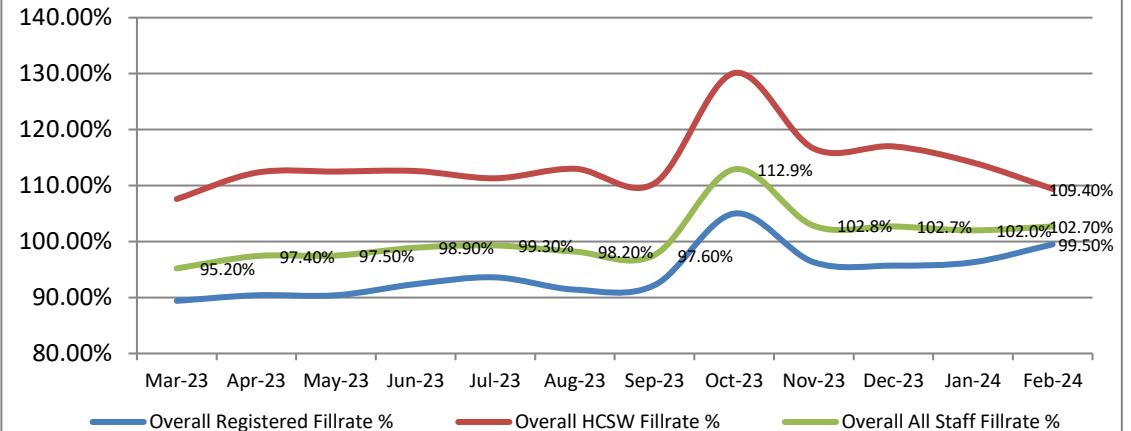
There was an increase in the Registered Nurse and overall average fillrate, with the Unregistered fill rates decreasing in February 24. Registered fill rate increased by 3.2% to 99.5%, along with the overall fill rate increasing to 102.7% (↑0.7%), while the care staff fill rates decreased by 4.5% to 109.4%.

We continue to utilise NHS Professionals (NHSP) and agency to mitigate vacant shifts. In addition, our senior nurses and midwives continue to supporting individual areas. There have been planned recruitment events throughout February for healthcare support workers and 20 WTE posts have been offered, with the majority within the Medicine Division.

Emergency Department (ED) Registered Day fill increased to 87.0%, (↑2.5%) with Registered Night also increasing to 96.6%. (↑4.3%) There was a reduction in fill rates for care staff in February for both day and night. Days (↓1.7%) to 99.7% and nights down 3.1% to 94.1%.

During February the Critical Care Unit had more than the required numbers of staff for acuity of patients on 20 occasions during the day (green bars) and 17 occasions at night. The numbers on the left of the graph and strength of the bars denotes by how many staff. There were 9 occasions in the month when staffing fell below the required staffing levels across day and night. There were 5 (↓3) occasions when this was by 2 or more staff with 0 (↓1) occasion when this was 4. On occasions when staffing fell below the required levels, the Intensive Therapy Unit (ITU) team were supported by the Critical Care Matron, Practice development nurse and the supervisory nurse in charge working in the clinical numbers to support delivery of safe patient care. This was due to increased capacity within the department. See Appendix 2 for background on how safe staffing is calculated for critical care areas

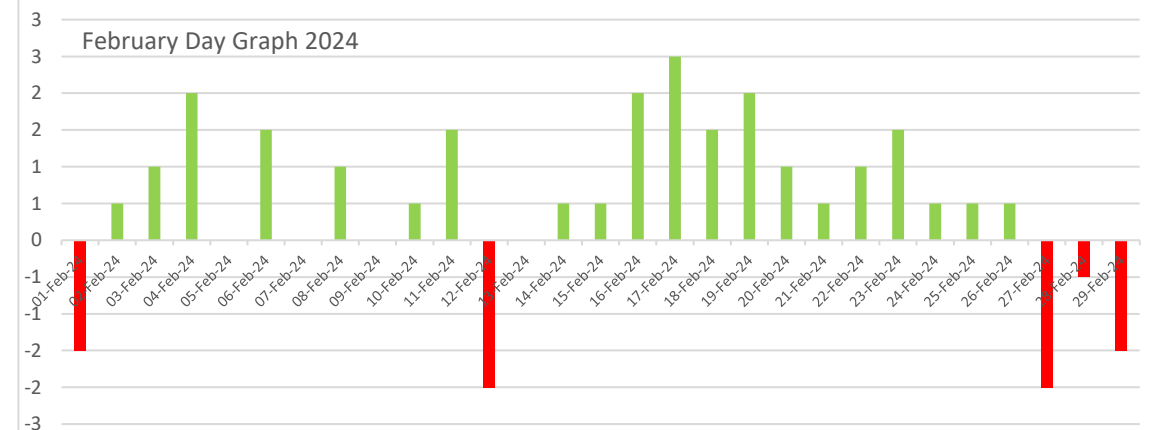
Inpatient Fill rate including maternity wards



ED Fill rate

A&E Nursing	Day		Night	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
December 2023	87.4%	74.4%	97.8%	84.3%
January 2024	84.5%	101.4%	92.3%	98.0%
February 2024	87.0%	99.7%	96.6%	94.9%

Critical Care Fill rate



The number of occasions/shifts where the reported fill rate has fallen below 75% across the wards significantly decreased by 59 occasions in February to 89. This report now includes Maternity 21 (↑2). If a nursing red flag event occurs for the number of staff on duty unable to meet the care needs of patients, staff escalate the situation and if appropriate complete a Datix.

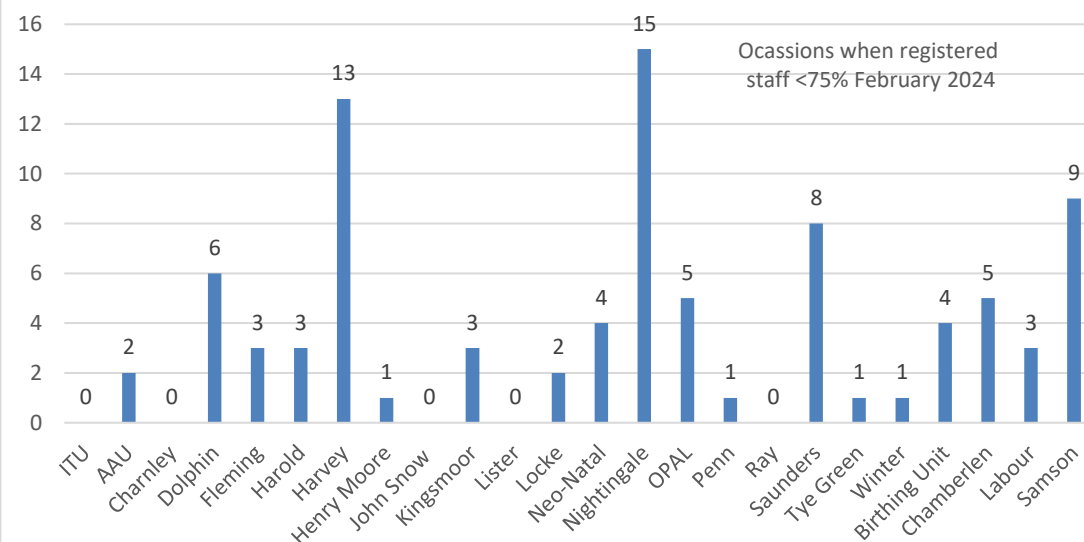
Datix reports in relation to staffing levels decreased remain static at 35 (-) against January. Henry Moore raised 6 with Tye Green raising 5 and Penn 4.

No wards reported average fill rates below 75% for RN against the standard planned template during February 2024.

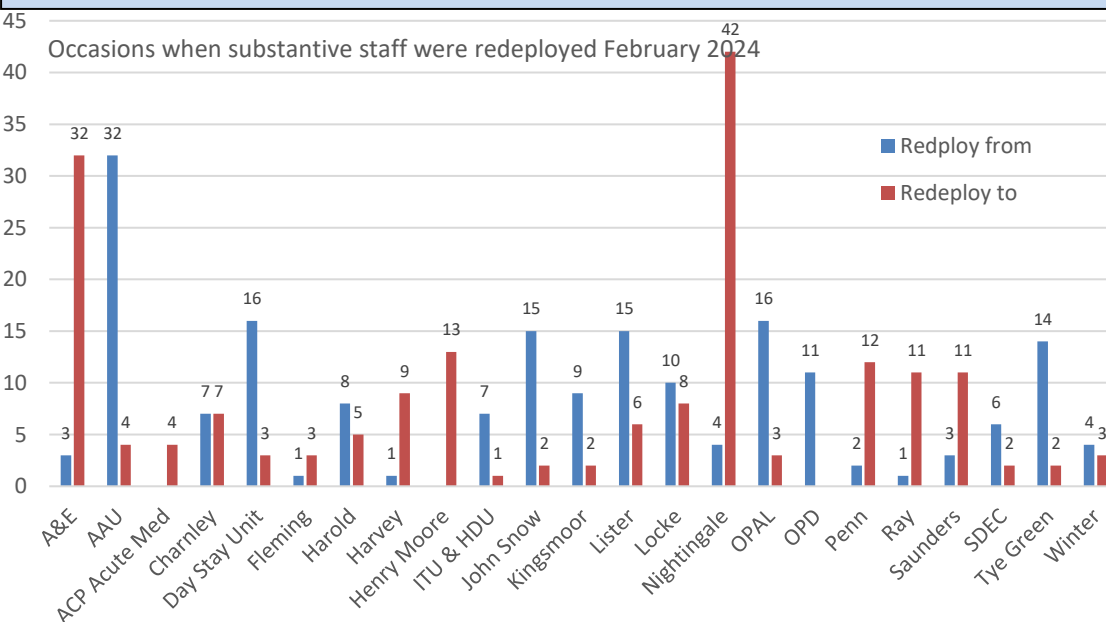
Nightingale Ward Registered Nurse Day staffing was 92.3% and healthcare support worker day staffing was 81% on average. Registered Nurse staffing is always at a minimum of 2 RNS against the template of 3 within this area. As previously discussed, recruitment of health care support workers continues to be a priority and the majority of newly recruited support workers will be allocated for the medicine division (which includes Nightingale Ward). Redeployment of staff continues to be undertaken to support SafeCare as part of the daily staffing huddles. In February, AAU was the ward who redeployed the highest number of substantive staff. The highest net receiver of staff was Nightingale Ward, with the ED and Henry Moore Ward being the next highest. During Industrial Action, outpatient department staff were redeployed to support wards but this is not consistently recorded in Health Roster.

SafeCare data continues to be collected three times a day to improve staffing governance across the organisation.

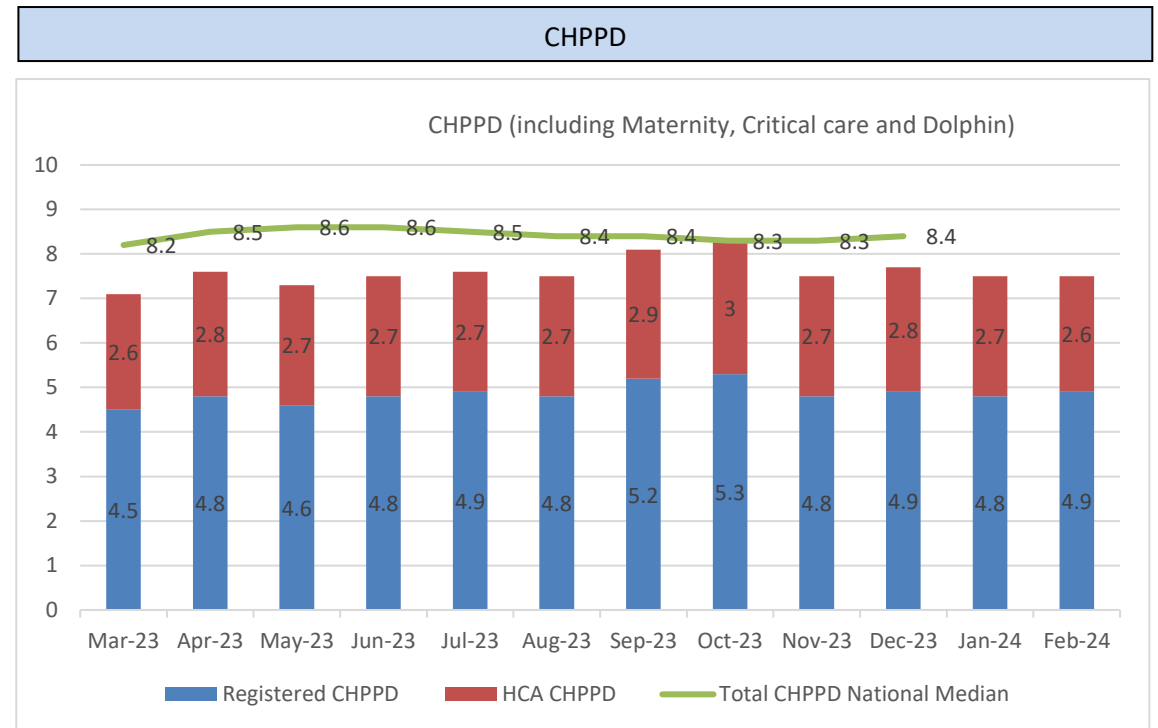
### Occasion when RN staffing <75%



### Redeployment



Overall Care Hours Per Patient Day (CHPPD) was 7.5 for February 2024. The Model Hospital data for December 2023 shows the Trust with a CHPPD of 7.7 against the national median of 8.4.



**Appendix.1. Ward level data: fill rates February 2024. (Adjusted Standard Planned Ward Demand)**

Ward name	Day		Night		% Registered overall fill rate	% HCSW overall fill rate	% Overall fill rate
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)			
ITU & HDU	93.4%	85.9%	97.1%	96.6%	95.3%	91.2%	94.9%
Saunders Unit	81.0%	109.8%	125.7%	156.6%	97.8%	127.6%	109.0%
Penn Ward	89.2%	108.6%	100.9%	152.2%	94.2%	125.1%	105.3%
Henry Moore Ward	113.3%	122.2%	167.6%	154.8%	135.0%	137.8%	136.2%
Harvey Ward	77.3%	133.6%	110.1%	138.5%	90.7%	135.9%	107.1%
John Snow Ward	103.8%	28.2%	100.0%	46.7%	102.0%	34.0%	72.6%
Charnley Ward	100.0%	122.8%	99.3%	135.6%	99.6%	128.9%	108.0%
AAU	94.5%	108.9%	102.6%	106.7%	98.1%	107.9%	100.1%
Harold Ward	90.1%	96.5%	104.6%	128.1%	96.5%	111.6%	101.3%
Kingsmoor General	89.3%	113.2%	117.5%	135.5%	100.0%	123.9%	108.9%
Lister Ward	89.6%	101.1%	102.7%	115.2%	95.1%	107.9%	100.2%
Locke Ward	92.6%	99.5%	120.6%	123.2%	104.4%	110.8%	107.0%
Ray Ward	103.0%	106.1%	125.0%	163.6%	112.4%	128.0%	117.9%
Tye Green Ward	93.4%	90.5%	105.2%	110.9%	98.5%	98.8%	98.6%
Nightingale	105.2%	60.8%	82.9%	103.1%	92.3%	81.0%	87.3%
Opal Unit	101.5%	104.4%	97.7%	119.8%	99.7%	111.8%	104.5%
Winter Ward	90.3%	108.4%	100.7%	133.7%	94.7%	120.5%	105.0%
Fleming Ward	85.9%	85.0%	102.6%	113.3%	93.0%	98.5%	94.7%
Neo-Natal Unit	97.3%	124.1%	99.3%	96.6%	98.3%	110.3%	100.3%
Dolphin Ward	97.1%	78.4%	94.9%	87.7%	96.1%	81.5%	92.5%
Labour Ward	98.6%	111.2%	92.4%	98.1%	95.6%	104.9%	97.7%
Birthing Unit	106.7%	102.7%	95.0%	100.0%	101.1%	101.4%	101.2%
Samson Ward	114.5%	105.9%	102.1%	84.9%	108.6%	95.8%	102.2%
Chamberlen Ward	130.6%	83.0%	108.3%	100.0%	119.9%	91.2%	112.7%
<b>Total</b>	<b>95.3%</b>	<b>100.3%</b>	<b>104.5%</b>	<b>120.5%</b>	<b>99.5%</b>	<b>109.4%</b>	<b>102.7%</b>

## **Appendix 2: ITU / HDU compliance with Guidelines for the provision of Intensive Care Services** (Version 2.1 July 2022)

To ensure that the Board is given an overview of departments other than the inpatient wards and ED and to strengthen our compliance with the NQB 2013 and NQB 2016, this report will be looking at other metrics going forward.

Registered nurse staffing standards published within the Core Standards for Intensive Care Units, state

- Level 3 patients must have a registered nurse/patient ratio of a minimum 1:1 to deliver direct care
- Level 2 patients must have a registered nurse/patient ratio of a minimum of 1:2 to deliver direct care

The graph shows the actual staffing levels against the required number for the patients within the department each day shift. Red bars indicate when shifts had less than the recommended staffing numbers. The strength of the bar indicates how many shift short it was. The green bars indicate when there were more staff than the patient numbers required.

All shifts include a supervisory nurse.